

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. INSTALLATION'S EPA I.D. NO.

II. NAME OF INSTALLATION

III. INSTALLATION MAILING ADDRESS

IV. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

U.S. EPA, REGION V
800 - 2 - FMS

US EPA RECORDS CENTER REGION 5



1000365

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION

TECHALLOY ILLINOIS INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 PO BOX 423

CITY OR TOWN

ST.

ZIP CODE

UNION

IL 60180

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 OLSON & JEFFERSON RDS.

CITY OR TOWN

ST.

ZIP CODE

UNION

IL 60180

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 MILLER GEORGE MAINT SUPT

815-923-2131

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 TECHALLOY ILLINOIS INC.

B. TYPE OF OWNERSHIP (enter the appropriate letter in box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VIII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

I L D 0 0 5 1 7 8 9 7 5

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F 0 0 6	F 0 0 8				
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24
7	8	9	10	11	12
23 - 24	23 - 24	23 - 24	23 - 24	23 - 24	23 - 24

13	14	15	16	17	18
11 - 14	12 - 15	13 - 16	14 - 17	15 - 18	16 - 19
19	20	21	22	23	24
18 - 21	19 - 22	20 - 23	21 - 24	22 - 25	23 - 26
25	26	27	28	29	30
24 - 27	25 - 28	26 - 29	27 - 30	28 - 31	29 - 32

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54

	00	01	02	03	04
00					
01					
02					
03					
04					

☒ 4. TOXIC
(0000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

GEORGE R. MILLER
MAINTENANCE SUPERVISOR

10/30/90

EPAU.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE

88.2602

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I-III and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored, or disposed of, or is a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(Yr., Mo., & day)

I. NAME OF INSTALLATION

TECHALLOY ILLINOIS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 423

CITY OR TOWN

UNION

ST.

IL

ZIP CODE

60180

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

OLSON & JEFFERSON

CITY OR TOWN

UNION

ST.

IL

ZIP CODE

60180

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

MILLER GEORGE MAINT SUPT

PHONE NO. (area code & no.)

815 923 2131

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

TECHALLOY ILLINOIS INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F - FEDERAL

M - NON-FEDERAL

P

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)**C. INSTALLATION'S EPA I.D. NO.**

ILD005178975

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

W

1/18/88

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 6	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.


55	56	57	58	59	60
61	62	63	64	65	66

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
☒ 2. CORROSIVE (D002)
☒ 3. REACTIVE (D003)
☒ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) GEORGE R. MILLER MAINTENANCE SUPERVISOR	DATE SIGNED 1/18/88
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Techalloy

ILLINOIS, INC.

Brian Newquist

Toll Free Number: 1-800-435-8317
UNION, ILL. 60180 Phone: 815-923-2131 (In Chicago: 312-263-6232) TWX: 910-642-3080

January 15, 1988

Division of Land Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Attn: Mr. Lawrence W. Eastep, P.E.
Manager, Permit Section

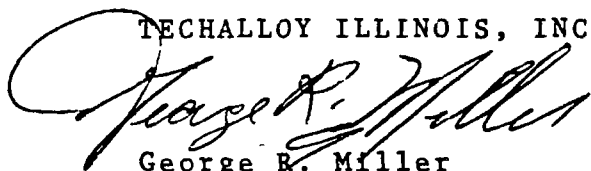
Dear Mr. Eastep:

Techalloy Illinois, Inc. is submitting the above-noted forms to update your records to reflect the current status of the operations at our facility. These forms were most recently modified in late 1985. This current modification reflects changes in our operations and raw materials, and also reflects our efforts in implementation of our waste minimization program.

If you have questions regarding these revised forms, please contact Mr. John W. Thorsen, P.E., at Roy F. Weston, Inc. His telephone number is 312-295-6020.

Very truly yours,

TECHALLOY ILLINOIS, INC.



George R. Miller
Maintenance Superintendent

CC: U.S. EPA
Waste Management Division
230 S. Dearborn Street
Chicago, Illinois 60604

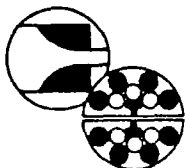
RECEIVED

JAN 19 1988

IEPA-DLPC

RECEIVED
JAN 19 1988
IEPA/DLPC

Call Techalloy First



Executive Offices
Rahns, Penna.
Techalloy Company, Inc.
215-489-7211
TWX 510-660-6918

New England
800-523-1777
Jonesboro (Atlanta), Ga.
833 Sherwood Drive
404-478-6966

Chicago, Illinois
Direct Line To—
Techalloy Illinois, Inc.
312-263-6232

Baltimore, Md.
Techalloy Maryland, Inc.
Reid-Avery Division
301-633-9300; 800-638-1458
TWX 710-235-0800

Houston, Texas
Techalloy Texas, Inc.
713-466-1000
TWX 910-881-1718

Los Angeles, Cal.
Direct Lines To—
(Industry) 213-686-0400
(Perris) 213-332-2411

City of Industry, Cal.
Techalloy Inc., California
213-330-2211
TWX 910-584-1301

Perris, California
Techalloy Western, Inc.
714-657-2105
TWX 910-332-1303

Mfrs. of Technically-controlled Wire, Rod, Strip & Shaped Wire, Welding Wire & Coated Electrodes, Heat & Corrosion-resistant Alloys, Nuclear Metals, Nickel, MONEL®, INCONEL®, INCOLOY®, NI-SPAN-C® Techalloy Stainless & Alloy Steels, Electrical Resistance and Glass-Sealing Alloys, Aluminum, Waspaloy (*Reg. T.M. of International Nickel)

RECEIVED

DEC 10 1985

E.P.A. FORM 8700-12

SUBSEQUENT NOTIFICATION

U.S. EPA, REGION V

- (1) Form has been changed - K063 changed to K062 on Part (B) of Hazardous Waste from Pacific Source's.
- (2) F001 has been added to Part (A) of Hazardous Waste from Non-pacific Source's.
- (3) D003 Reactive has been added to (E) characteristic's of Non-list of Hazardous Waste.

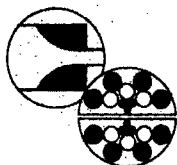
Thank you,


George Miller

Maintenance Superintendent

4/11/86
Maintenance sheet
submitted to update
waste codes. Marie.

Call Techalloy First



Executive Offices

Rahns, Penna.
Techalloy Company, Inc.
215-489-7211
TWX 510-660-6918

New England
800-523-1777

Jonesboro (Atlanta), Ga.
833 Sherwood Drive
404-478-6966

Chicago, Illinois
Direct Line To—
Techalloy Illinois, Inc.
312-263-6232

Baltimore, Md.
Techalloy Maryland, Inc.
Reid-Avery Division
301-633-9300; 800-638-1458
TWX 710-235-0800

Houston, Texas
Techalloy Texas, Inc.
713-466-1000
TWX 910-881-1716

Los Angeles, Cal.
Direct Lines To—
(Industry) 213-686-0400
(Perris) 213-332-2411

City of Industry, Cal.
Techalloy Inc., California
213-330-2211
TWX 910-584-1301

Perris, California
Techalloy Western, Inc.
714-657-2105
TWX 910-332-1303

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EPAU.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

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RECEIVED

DEC 10 1985

PLEASE PLACE LABEL IN THIS SPACE

U.S. EPA, REGION V

FOR OFFICIAL USE ONLY**COMMENTS**

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED

FILED 0005178975

EPA I.D. NO.

A

800818

I. NAME OF INSTALLATION

TECHALLOY ILLINOIS INC.

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 423

CITY OR TOWN

UNION

ST.

ZIP CODE

IL 60180

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

OASON & JEFFERSON RDS

CITY OR TOWN

UNION

ST.

ZIP CODE

IL 60180

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

MILLER GEORGE MAINT SUPT

815 923 2131

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

TECHALLOY ILLINOIS INC.

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL
M - NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION**VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))**☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

C. INSTALLATION'S EPA I.D. NO.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

FILED 0005178975

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12/16-85 REVERSE



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• ILD005178975 REACKNOWLEDGEMENT

TECHALLOY ILLINOIS INC
PO BOX 423
UNION

IL 60180

INSTALLATION ADDRESS

OLSON & JEFFERSON ROADS
UNION

IL 60180

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

ILD005178975

PLEASE PLACE LABEL IN THIS SPACE

001843 AUG 25 80

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day)

ILD0051789752 A 800818

I. NAME OF INSTALLATION

TECHALLOY ILLINOIS INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

PO BOX 423

CITY OR TOWN

UNION

ST.

ZIP CODE

IL 60180

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

PO BOX 423

OLSON & JEFFERSON Rds.

CITY OR TOWN

UNION

ST.

ZIP CODE

IL 60180

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

MILLER GEORGE MAINT. SUPT.

PHONE NO. (area code & no.)

815-923-2116

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

TECHALLOY CORPORATION

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

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☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

ILD005178975

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
S	W	1	2	3	4	5	6	7	8
		1	2	3	4	5	6	7	8
14000517897521									
13 14 15									

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

George Miller

NAME & OFFICIAL TITLE (type or print)

GEORGE MILLER,
MAINTENANCE SUPERVISOR

DATE SIGNED

8-15-80